L2300055599W

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(8u	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOF	RNE
	FEB 20	2024

Office Use Only



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02/05/24--01011--011 **25.00



TO: Re Div	gistration Section ision of Corporations	COVER LETTE	R ~
SUBJECT:	Sassy Scent Of Humor LLC		
	Namo	of Limited Liability Company	
The enclosed A	articles of Amendment and fee(s) a correspondence concerning this m	re submitted for filing. natter to the following:	
	7901 4th	ee Jimenez Name of Person Scent of Hun Firm/Company 3+ N STE 300 Address	
Name	Sassyscent E-mail address: (to concerning this matter, please cai Jimenez of Person	City/State and Zip Code Cofhumor gmail be used for future authur report notification at (9/4) 434-66	COM fication)
Enclosed is a check for the S25.00 Filing Fee Mailing Address:	☐ \$30.00 Filing For a	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coopy Coopt Of Homes III C		:
Sassy Scent Of Humor LLC	Lighility Company as it now appears on our records	
(A)	Liability Company as it now appears on our records. Florida Limited Liability Company)	3
The Articles of Organization for this Limited Liab		And assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "1.4.C."
<u>-</u>	· · · · · ·	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
	-	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ne name of the new register
agent and/or the new registered office address i	ucic.	
Name of New Registered Agent:		
Name Banistanad Office Adduses		
New Registered Office Address:	Enter Florida street address	
	Flor	ida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Cuv

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
1 <u>GR</u>	Rosa Lee Jimenez	Address 7901 4th St N STE 300 ST, Pekersburg, FL 337	102 NAdd
			□Remove
			Change
	-		🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
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			□Remove

Change

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If an effect Note: If	ate, if other than the date of filing:
e record : rd is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	Signature of a number or authorized representative of a member Rosa Lee Simenez Typed or printed name of signee
	Signature of a promper or authorized representative of a member